

Receipt

PATENT
ATTORNEY DOCKET NO. 50026 008001

Certificate of Mailing: Date of Deposit: Nov. 24, 1998

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.

MS. LVER

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yoshiyuki Nagai et al.

Art Unit: 1646

Serial No.: 09/132,521

Examiner:

Filed: August 11, 1998

Title: RECOMBINANT SENDAI VIRUS VECTOR EXPRESSING
CHEMOKINE

Assistant Commissioner of Patents
Washington, D.C. 20231

PETITION TO CORRECT FILING RECEIPT

Applicant requests that the attached filing receipt be corrected as follows:

"CHEMOKE" in the title of the invention should be --CHEMOKINE--.

Attached is a copy of the incorrect filing receipt and a copy of the Utility Patent

Application Transmittal form indicating the correct spelling of the word

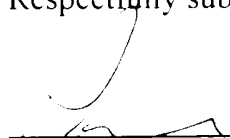
"CHEMOKINE."

If there are any charges, or any credits, please apply them to Deposit Account

No. 03-2095.

Respectfully submitted,

Date: Nov 24, 1998



Paul T. Clark
Reg. No. 30,162

Clark & Elbing LLP
176 Federal Street
Boston, MA 02110
Telephone: 617-428-0200
Facsimile: 617-428-7045

C:\server\documents\50026\50026.008001 Petition to Correct Filing Receipt.wpd

FILING RECEIPT
CORRECTED

NOV 27 1998



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/132,521	08/11/98	1646	\$624.00	50026/008001	4	13	7

PAUL T CLARK
CLARK & ELBING
176 FEDERAL STREET
BOSTON MA 02110

RECEIVED

NOV 13 1998

CLARK & ELBING

Receipt is acknowledged of this patent application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

YOSHIYUKI NAGAI, TOKYO, JAPAN; TATSUO SHIODA, TOKYO, JAPAN; CHIKAYA MORIYA, TOKYO, JAPAN.

* SMALL ENTITY *

TITLE
RECOMBINANT SENDAI VIRUS VECTOR EXPRESSING CHEMOKE

PRELIMINARY CLASS: 514

NOV 27 1998

Certificate of Mailing

Date of Deposit: August 11, 1998Label Number: EE632692836US

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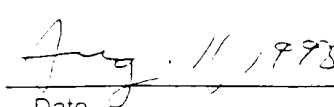
Marylene DiPama

Printed name of person mailing correspondence

[Signature]
Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50026/008001
Applicant	YOSHIYUKI NAGAI, TATSUO SHIODA, and CHIKAYA MORIYA
Title	RECOMBINANT SENDAI VIRUS VECTOR EXPRESSING CHEMOKINE
PRIORITY INFORMATION:	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	14 pages
Claims	2 pages
Abstract	1 page
Drawing	4 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	["**"] pages
Sequence Statement	["**"] pages
Sequence Listing on Paper	["**"] pages
Sequence Listing on Diskette	["**"] pages
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	["**"] pages

Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recreation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$395	\$395.00
Excess Claims Fee: 13 - 20 x \$11	\$0.00
Excess Independent Claims Fee: 7 - 3 x \$41	\$164.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$559.00
<input checked="" type="checkbox"/> Enclosed is a check for \$559.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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